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AUTHOR Gordon, Wayne A.
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ABSTRACT

Behavioral medicine is a field which attempts to integrate social, behavioral, and biological sciences through an application of bio-behavioral methods to the prevention, diagnosis, and treatment of illness. Because behavioral medicine overlaps many psychological disciplines, some disciplines of psychology such as medical psychology and rehabilitation psychology are attempting to clarify their own identities. Medical psychology focuses on understanding the etiology, diagnosis and treatment of illness, while rehabilitation psychology seeks to facilitate the quality of individuals' lives once they are afflicted. The differences between these two fields lie in the area of emphasis, i.e., the behavioral versus the eco-behavioral approach. (Author/HLM)

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Overlapping Issues in Medical Psychology, Rehabilitation Psychology and Behavioral Medicine*

by
Wayne A. Gordon, Ph.D.**

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INTRODUCTION

Behavioral Medicine is an emerging interdisciplinary field that seeks to apply bio-behavioral methods to the prevention, diagnosis and treatment of illness. It also considers within its purview the rehabilitation of the disabilities that are secondary to illness (Schwartz and Weiss, 1978). The field is an integration of many areas of inquiry, bringing together those in the social, behavioral and biological sciences. Thus, although its focus goes far beyond the purely psychological, Behavioral Medicine is allied with many of psychology's disciplines including medical, rehabilitation and physiological, to cite just a few. Indeed, if one were to examine the list of APA divisions, one would be hard pressed to find more than a handful whose interests do not overlap with those of havioral Medicine. Thus, the kinship bonds among the fields of psychology and Behavioral Medicine are numerous. As a consequence of this overlap, some of the disciplines within psychology are clarifying their own identity with regard to not only Behavioral Medicine but also other areas of psychology as well and will be illustrated in this presentation by using the disciplines of Medical Psychology and Rehabilitation Psychology as examples. These two disciplines were chosen for examination for two reasons:

1) Their respective difficulties in establishing identities that differentiate not only each from the other but also each from other areas of psychology, e.g., Clinical Psychology, Counseling Psychology.
2) Rehabilitation Psychology's desire to restate its boundaries in light of emergence of a new division within the American Psychological Association, Health Psychology (Division 38)

Medical Psychology

Medical Psychology is a psychological discipline that bears the greatest resemblance to Behavioral Medicine. Work in the area is exemplified by:

a) The extensive literature elucidating the "Type A" behavior pattern (Jenkins, 1971, 1976; Glass, 1977); this research has involved the application of epidemiology, psychometric theory and social psychology.

b) An extensive series of research efforts that are concerned with a variety of disorders (hypertension, heart rate, migraine headache, bruxism, Raynaud's disease, and movement disorders secondary to neuromuscular diseases and cerebral palsy) that have been successfully ameliorated by bio-feedback (Patel, 1975; Miller, 1975; Turin and Johnson, 1976; Solbery & Rugh, 1973; Surwit, Pilon & Fenton, 1978; Keefe & Surwit, 1978; Cataldo, Bird & Cunningham, 1978).

The latter set of studies draws heavily upon physiology, bio-engineering, biology and learning theory. They are treatment oriented being aimed at "curing" a specific anomaly and can be veiwed as examples of the direct application of behavioral tools to treat "medical" (as opposed to psychiatric) disorders. In contrast, the former group of studies are diagnostic in that they were designed to define and measure a specific constellation of behavioral traits that are precursors of a particular illness. Once isolated (and validated) the presence of these characteristics may be viewed as diagnostic signs, having meaning that is analogous to such indices as deviant blood chemistries, elevated blood pressure, etc.

Rehabilitation Psychology

Rehabilitation is often viewed as the third phase of medical care--commencing when acute care has terminated. This is a narrow view of rehabilitation, limiting it to those who practice in medical settings, working with individuals with medically based (i.e. central nervous system, orthopedic) disabilities. However, rehabilitation in its broader context involves individuals with any type of chronic impairment, be it physical, psychiatric, sensory or developmental. The diagnostic question that rehabilitation psychologists pose is: Given that the person has a disability, what can be done about it? That is, how may the person's efforts at coping, adaptation and maximizing life satisfaction be facilitated? Rather than seeking a "cure" the issues are those of restoration of function (Hart, 1978). One area of focus is the interface of the person and the environment. The rehabilitation psychologist assists

the client in identifying and removing the myriad of barriers that interfere with daily living. In addition, the Rehabilitation Psychologist often defines his/her role to include listening to clients, so that their needs and concerns are accurately communicated to and understood by others. This often involves the psychologist in an advocacy role. In addition, Rehabilitation Psychologists work with an coordinate efforts among the diverse components of the health care system in order to facilitate the delivery of timely and effective services. Rather than seeking to elucidate bio-behavioral aspects of illness, the primary concern is the direct amelioration of people's everyday-life problems (Dembo, Diller, Gordon, Leviton, Sherr, 1973). Such activities involve an understanding of health care delivery systems, social systems, the world of work, medical management and the direct application of social, ecological, behavioral and clinical psychology. Studies in this field are exemplified by the literature which helps to elucidate the process of living with a disability (Wright, 1960; Willems & Halstead, 1978) and the studies that have been undertaken to ameliorate the disabling consequences of illness (Weinberg et al 1979; Gordon et al, 1978).

Similarities and Differences between the two fields

Needless to say, the fields of medical and rehabilitation psychology have much in common. Individuals representing both frameworks often work in medical settings, applying similar methodologies in their work. However, their aims are different. One group seeks to understand illness -- its etiology, diagnosis and treatment; the other group seeks to facilitate the quality of peoples' lives once they are already afflicted. Thus, those in both fields are involved in activities that include diagnosis, intervention, evaluation and the integration of empirical data. In fact, in both fields it often seems as if there are more data generated than theories developed. Those in Medical Psychology have applied learning theory in order to develop and implement treatment technologies. Rehabilitation Psychologists have applied aspects of both Lewinian and attribution theory in developing an understanding of adjustment to disability

Unfortunately, there has been little research validating these constructs or translating them into clinical use (Trieschmann, 1978).

Each field has much to offer the other. For example, Rehabilitation Psychology's focus on the broad context of the person's life, advocacy, human rights, and the issues involving the interface of the person and the environment can be usefully adopted by those in Medical Psychology, broadening the perspective of this field. While Medical Psychology acknowledges the importance of these issues, they are often overlooked in reality. For example, none of the studies published in the first three issues of the Journal of Behavioral Medicine touch these areas of concern to Rehabilitation Psychologists. In addition, both fields can offer each other aid in unravelling the full range (intended and unintended) of treatment effects (Willems, 1974). Those in both fields can work together to evolve methodologies that can be used to decipher the behavioral antecedents (intra-personal, inter-personal, environmental) of illness. Understanding of these precursors will provide useful insights into issues that are relevant to understanding not only the social psychological impact of illness on specific groups of individuals, but also ways of treating and facilitating the rehabilitation of these individuals.

Medical Psychology and Rehabilitation Psychology have much in common. The differences are those of emphasis: the behavioral approach versus the eco-behavioral approach; the understanding of illness and symptoms versus understanding the adaptive concerns of living with a disability.

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